

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A. 111

Office of Registrar of Vital Statistics.

Ward 9<sup>C</sup>/<sub>4</sub>

The Physician who attended any person in a last illness, or who reported the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A DEATH CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 30 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John W Thompson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, 64 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married ✓

Occupation, none

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balto Ind

Duration of Residence in the City of Baltimore, short time

Place of Death, { Give Street and Number. } 270 Saratoga St

Cause of Death, { First (Primary), Second (Immediate), } Aortic Stenosis with  
Valvular derangement

Duration of Last Sickness, 2 years

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 1<sup>st</sup> 1887

{ Undertaker, H. Lewis Schaefer } J. E. Claggett M. D.  
Medical Attendant.

{ Place of Business, 316 N. Fremont } Address, 36 S. Eutaw St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department City of Baltimore.

Permit No. A 112 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 30 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Joseph Johnson

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 1 Years, 1 Months, 10 Days.

Color, Black

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, city life

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 307 Newwoods Court

Cause of Death, { First (Primary), Second (Immediate), } Hereditary Syphilis  
Marasmus

Duration of Last Sickness, Life

All the above information should be furnished by the Physician.

Place of Burial, W. Pub Cemetery

Date of Burial, June 1<sup>st</sup> 1887

{ Undertaker, Geo. E. Brown Ira L. Letterhoff M. D.

{ Place of Business, Health Office Address, Iron Horseopolis

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

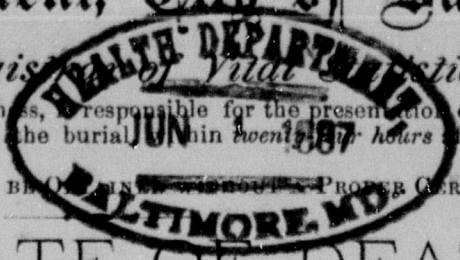
HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 113 Office of Registrar of Vital Statistics. Ward 12<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

*A*

Date of Death, May 31<sup>st</sup> '87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } William H. H. Houch

Sex, Male ~~or Female~~, { Cross out the word not required in this line. }

Age, 9 Years, 4 Months, 21 Days

Color, white

~~Married~~, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, all life

Place of Death, { Give Street and Number. } 209 W. Hoffman St

Cause of Death, { First (Primary), Second (Immediate), } Diphtheria Asphyxia { called in 4 hours before death - Tracheotomy performed }

Duration of Last Sickness, 10 days

All the above information should be furnished by the Physician.

Place of Burial, St. Peter's Cemetery

Date of Burial, June 1<sup>st</sup> 1887

Undertaker, Jenny & Mitchell

Place of Business, North Ave & Oak St Address, 1021 Linden Ave

Edmund R. Walker M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Board of Health, City of Baltimore,

OFFICE OF REGISTRAR OF VITAL STATISTICS.

Permit No. A 114

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A DEATH CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 1. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Katharine Taaffe

Sex, ~~Male~~ or Female, { cross out the word not required in this line. } Female

Age, 69 Years, 2 Months, 29 Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the word not required in this line. }

Occupation, Lady

Birthplace, { State or country, (and how long in the United States. If of foreign birth. } Fulton Co. Pa.

Duration of Residence in the City of Baltimore, 19 years

Place of Death, { Give street and number } 819 Park Av.

Cause of Death, { First, (Primary.) } Gastric Fever (Chronic Bronchitis)  
{ Second, (Immediate,) } Exhaustion

Duration of last Sickness, Nine days

All the above information should be furnished by the Physician.

Place of Burial, Pittsburg Pa.

Date of Burial, 3<sup>rd</sup> June 1887

{ Undertaker, H. W. Jenkins & Sons

{ Place of Business, 201 W. Saratoga St. Address, 818 N. E. St. Ave.

Alfred Wanstall, M. D.  
Medical Attendant.

### Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

Wm. J. C. DULANEY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

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HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

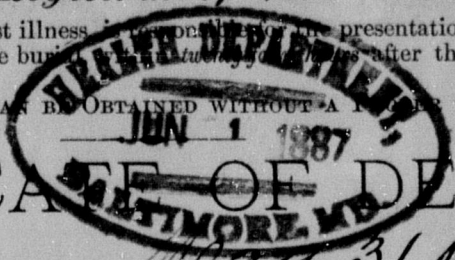
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 115 Office of Registrar of Vital Statistics. Ward 8<sup>th</sup>

The Physician who attended any person in a last illness, is hereby notified, that the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, is required, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PERMIT CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, May 31<sup>st</sup> 1887

Full Name of Deceased, Susan Williams Marshall  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Female  
{ Cross out the word not required in this line. }

Age, About 64 Years, — Months, — Days.

Color, White

Married, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. }

Occupation, none

Birth Place, Dorchester Co Md  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, 50 years

Place of Death, 424 E Townsend St  
{ Give Street and Number. }

Cause of Death, Key / rupture of the Heart  
Paralysis of the Heart  
(complained slightly for many years)  
5 days  
{ First (Primary), Second (Immediate). }

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cemetery

Date of Burial, June 2<sup>d</sup> 1887

{ Undertaker, Henry H. Mears } Elias C Price M. D. Medical Attendant.

{ Place of Business, #413 E. Fayette } Address, 953 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 116 Office of Registrar of Vital Statistics.

Ward 14

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 1 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Frank J. Rokman

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 7 Years, 4 Months, ✓ Days.

Color, white

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, life time

Place of Death, { Give Street and Number. } 1112 Saratoga St

Cause of Death, { First (Primary), Malaria & blood poisoning. Second (Immediate), Inflammation of the brain & convulsions }

Duration of Last Sickness, 3 days

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, June 2nd

{ Undertaker, John J. Brown }

{ Place of Business, 901 Hollis St Address, 1327 W Gay St }

E. H. Whitcomb, M.D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. 117 Office of Registrar of Vital Statistics.

Ward 2

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, 31<sup>st</sup> May 1887.

Full Name of Deceased, Mary Kieckhefer

Sex, Female

Age, 1 Years, 3 Months, 7 Days

Color, white

Married, Single, Widow or Widower, Single

Occupation, Baltimore City

Birth Place, Baltimore City

Duration of Residence in the City of Baltimore, During lifetime

Place of Death, Carlton Avenue 1592.

Cause of Death, Apoplexy  
Convulsions (Epilepsy)  
3 Days

Duration of Last Sickness, 3 Days

All the above information should be furnished by the Physician.

Place of Burial, S. Paul's Cemetery

Date of Burial, June 2<sup>nd</sup> 1887

Undertaker, Leonhard & Nury

Place of Business, S. Bonifacio St. N.

William H. H. H.

Medical Attendant.

Address, S. Wolfert 318.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the date of death.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No.

A. 118

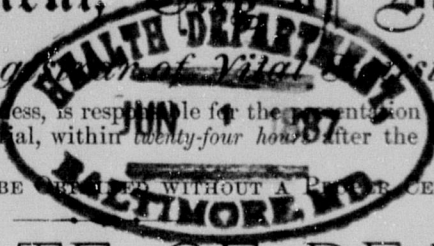
Office of Registrar of Vital Statistics.

Ward

64

The Physician who attended any person in a last illness, is responsible for the completion of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE GRANTED WITHOUT A PERMIT CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, May 31<sup>st</sup>, 1887  
Full Name of Deceased, {Write legibly and spell correctly. If an Infant not named, give names of parents.} Mrs. Dora Frost  
Sex, Male or Female, {Cross out the word not required in this line.} Female  
Age, 21 Years, 10 Months, 25 Days.  
Color, White  
Married, Single, Widow or Widower, {Cross out the words not required in this line.} Married

Occupation,  
Birth Place, {State or country, and how long in the United States, if of foreign birth.} Baltimore, Md.  
Duration of Residence in the City of Baltimore, Life Time  
Place of Death, {Give Street and Number.} No. 105 N. Wolfe St.  
Cause of Death, {First (Primary), Second (Immediate),} Childbirth  
Puerperal Fever  
Duration of Last Sickness, Ten Days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer  
Date of Burial, June 1<sup>st</sup>  
{ Undertaker, W. H. Blenden, M. D. Medical Attendant.  
Place of Business, 15 Bond Address, No. 418 1/2 Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

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# Health Department of Baltimore.

Permit No. A 119 Office of Registrar of Vital Statistics. Ward 6<sup>th</sup>

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, at least twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, May 31<sup>st</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } John Emmet Henderson

Sex, Male or Female, { Cross out the word not required in this line. } Male

Age, Twenty four Years, — Months, — Days

Color, W

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Married

Occupation, Waiter

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Putnam Va

Duration of Residence in the City of Baltimore, Twenty years

Place of Death, { Give Street and Number. } 14516 Orleans St

Cause of Death, { First (Primary), Second (Immediate), } Dysphoria Fever  
Exhaustion  
Four weeks

Duration of Last Sickness, Four weeks

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 2<sup>nd</sup> 1887

Undertaker, Alex Hemmely W. Winsley M. D. Medical Attendant.

Place of Business, 5410 Orchard St Address, 1220 E. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A 120 Office of Registrar of Vital Statistics.

Ward 10

The Physician who attended any person in a last illness, is requested to fill out this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A DECEASED CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, May 31st 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mary B. Pioger

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 65 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, White

~~Married~~, ~~Single~~, ~~Widow~~ or ~~Widower~~, { Cross out the words not required in this line. } ✓

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Germany

Duration of Residence in the City of Baltimore, 42 years

Place of Death, { Give Street and Number. } 731 Pierce

Cause of Death, { First (Primary), Second (Immediate), } Intussusception followed Peritonitis

Duration of Last Sickness, 24 hours

All the above information should be furnished by the Physician.

Place of Burial, St. Alphonse's cemetery

Date of Burial, June 2 1887

Undertaker, M. Cadogan

Place of Business, 696 Mulberry St Address, Mulberry & Myrtle av

Louis C. D. Horn M. D.  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]